



**Revision to the Washington State Department of Health - STD Program
2007 STD Treatment Guidelines**

GONORRHEA TREATMENT RECOMMENDATIONS

The antibiotics of choice to treat uncomplicated gonococcal infections of the cervix, urethra and rectum include:

- Ceftriaxone (Rocephin™) 125 mg intramuscularly in a single dose;
- OR
- Cefpodoxime (Vantin™) 400 mg orally in a single dose.

Either regimen should be followed with either azithromycin 1.0g orally (single dose) or doxycycline 100 mg orally twice daily for 7 days, to treat possible coexisting chlamydial infection.

When well-documented penicillin allergy or other contraindications preclude treatment with a cephalosporin, patients can be treated with single-dose azithromycin 2.0 g orally once or ciprofloxacin 500 mg (or another fluoroquinolone can be given), followed by a test-of-cure. (Cefixime, until recently recommended for treating gonorrhea in a single dose, is no longer available in the United States.)

Since March 2004, the Washington State Department of Health has recommended health care providers discontinue fluoroquinolones use for treatment of gonorrhea and cefpodoxime as a the first line of therapy. In April 2007, the Centers for Disease Control and Prevention (CDC) made recommendations for the nation that fluoroquinolones should not longer be used as a first line therapy for gonorrhea. See link below:

<http://www.cdc.gov/std/treatment/2006/GonUpdateApril2007.pdf>